

Alabama Board of Massage Therapy

610 S. McDonough Street
Montgomery, Alabama 36104
(334) 269-9990
Fax (334) 263-6115
E-mail: ALMTBD@aol.com

Massage Therapy School Renewal

In order to renew your license as an approved massage therapy school, please submit the following:

- A completed renewal form
- A copy of the curriculum schedule (for each certification) to include a week by week description of topics to be covered for the entire training period of the program
- List of instructors
- Renewal fee of \$10.00

Please type or print legibly:

Check appropriate ownership:

_____ Individual _____ Foundation _____ Corporate
_____ Partnership _____ Franchise _____ Other

Owners Name:

| | |
|------------------------|-------------------------|
| Mailing Address: _____ | Physical Address: _____ |
| Address | (if different) Address |
| _____ | _____ |
| City, State/Zip | City, State/Zip |
| _____ | _____ |
| Telephone | Telephone |

Official Name of Institution:

| | |
|------------------------|----------------------------|
| Mailing Address: _____ | Physical Address: _____ |
| Address | (if different) Address |
| _____ | _____ |
| City, State/Zip | City, State/Zip |
| _____ | _____ |
| Telephone | Fax Number |
| _____ | E-mail or web-site address |

Administration

Chief Administrative Officer of Institute

Name: _____

Title: _____

Address: _____

City, State/Zip: _____

Telephone: _____

Chief Academic Officer of Institute

Name: _____

Title: _____

Address: _____

City, State/Zip: _____

Telephone: _____

List all additional administrative officers and a way to contact them.

| Name | Telephone |
|-------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Has your institution had any civil or government initiated investigations, complaints or legal action during the past 24 months? Give dates, charges, and final disposition (attach sheets as necessary).

What other legal action has occurred during the past 24 months of a material nature regarding your massage therapy education or status? Any legal action pending? Please give full description (attach sheets as necessary).

I hereby attest that the information contained herein is true to the best of my knowledge and belief.

Signature (School Administrator or any School officer)

Date

Subscribed and sworn to before me

This _____ day of _____

Notary Seal-Signature of Notary Public

My Commission Expires